

STATE OF VERMONT

APPLICATION FOR LICENSE BY LICENSED MANUFACTURER
OR RECTIFIER TO SELL VINOUS BEVERAGES (VT FERMENTATION)
20_____ 4th CLASS

License Year: May 1 through
April 30 of the following year..

Make check payable to and
mail to:
Vermont Dept. of Liquor Control
13 Green Mountain Drive
Montpelier, VT. 05602

Fee: \$50.00

Print Full Name of Person, Partnership, Corporation or LLC

Doing Business As - Trade Name

Street and street number or premises covered by this application

Town or City & Zip Code

Telephone Number

Mailing Address (if different from above)

Email Address

Application is hereby made for a 4th Class license by a licensed manufacturer or rectifier of vinous beverages to sell vinous beverages to the public provided that such beverages are produced by fermentation by the manufacturer or rectifier in Vermont under and in accordance with Title 7 of the Vermont Statutes Annotated as amended and certify that all statements, information and answers to questions herein contained are true and in consideration of such license being granted do promise and agree to comply with all laws (state and local); to comply with all regulations made and promulgated by the Liquor Control Board to allow the Liquor Control Board and any of their assistants and investigators to examine at any time the premises, supply of beverages, records and papers in reference thereto; to keep such records as the Liquor Control Board may require; and upon hearing, the Liquor Control Board may at its discretion suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board have been violated, or that any statement, information or answers herein contained are false.

Please give name, title, date attended of a manager, director, partner who has attended a Liquor Control Education Seminar.

Name _____ Title _____ Date _____

APPLICANTS: Describe fully the premises for which this application is made (i.e. type of construction, number of stories, location, etc.)

Does applicant: (please circle one)

Lease

Rent

Hold title to property

Name and address of Lessor: _____

Dated at _____ in County of _____

State of Vermont on this _____ day of _____ 20 _____

I/We hereby certify under pains and penalties of perjury, that I/we are in good standing with respect to or in compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont on the date of this application (VSA, Title 32, sub section 3113).

The applicant understands and agrees that the Liquor Control. Board may obtain criminal history record information from State and Federal record repositories prior to acting on this application.

I/We hereby certify that the information in this application is true and complete.

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Signature of authorized agent

Signature of Individual, partners, members